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Fax Memo

TO: Office of Petitions
USPTO

FAX NO.: 571-273-8300

FROM: Russell A. Belicek
KRAMER & AMADO, P.C.

DATE: December 13, 2007

SUBJECT: U.S. Patent Application
Title: ELECTRODE-BEARING GUIDE, COCHLEAR
IMPLANT COMPRISING SAID GUIDE AND
PRODUCTION METHOD THEREOF
Serial No.: PCT/ES03/00632
Attorney Docket No.: ABG 3002

PAGES: INCLUDING COVER PAGE (17)

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Message:

Petition under 1.181 (2 pages)
Notification of Missing Requirements (2 pages)
Memory Transmission showing all 11 pages sent (1 page)
Original Fax sent July 29, 2005 (11 pages)

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***** -COMM. 7 ENL- ***** DATE JUL-29-2007 TIME 16:26 *****

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START=JUL-29 16:23 END=JUL-29 16:26

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- SUITE 200
ALEXANDRIA, VIRGINIA 22314
PHONE: (703) 519-9801
FACSIMILE: (703) 519-9802
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Fax Memo

TO: Mail Stop Amendment
USPTO

FAX NO.: (571) 273-8300

FROM: Artur M. Amado
KRAMER & AMADO, P.C.

DATE: July 29, 2005

SUBJECT: U.S. Patent Application
Title: ELECTRODE-BEARING GUIDE, COCHLEAR IMPLANT
COMPRISING SAID GUIDE AND PRODUCTION
METHOD THEREOF
Serial No.: 10/539,510
Attorney Docket No.: ABG 3003

PAGES: INCLUDING COVER PAGE (11)

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Message: Submitted herewith are the following:

- Transmittal Form
- Fee Transmittal
- Credit Card Payment Form
- Assignment Recordation Cover Sheet and Executed Assignment (2 pages)
- Executed Declaration/Power of Attorney (2 pages)
- Preliminary Amendment (3 pages)

In the event that the fees submitted herewith are insufficient, please charge any remaining balance, or credit any overpayment, to our Deposit Account Number 50-0578.



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Fax Memo

TO: Mail Stop Amendment
USPTO

FAX NO.: (571) 273-8300

FROM: Arlir M. Amado
KRAMER & AMADO, P.C.

DATE: July 29, 2005

SUBJECT: U.S. Patent Application
Title: ELECTRODE-BEARING GUIDE, COCHLEAR IMPLANT
COMPRISING SAID GUIDE AND PRODUCTION
METHOD THEREOF
Serial No.: 10/539,520
Attorney Docket No.: ABG 3003

PAGES: INCLUDING COVER PAGE (11)

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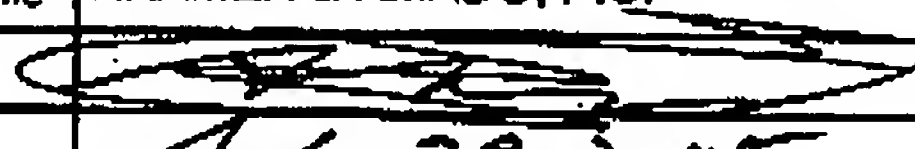
PTO/SB/21 (02-04)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/539,520	
	Filing Date	June 17, 2005	
	First Named Inventor	Manuel Manrique Rodriguez	
	Art Unit	Unassigned	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	10	Attorney Docket Number	ABG 3003

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Assignment
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Declaration and Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Arlir M. Amado, Reg. No. 51,399 KRAMER & AMADO, P.C.
Signature	
Date	July 29, 2005

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
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PTO/SB/17 (12-04)

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 Effective on 12/08/2004.
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2005**

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**105.00**
Complete if Known

Application Number	10/539,520
Filing Date	June 17, 2005
First Named Inventor	Manuel Manrique Rodriguez
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	ABG 3003

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-0578 Deposit Account Name: Kramer & Amado, P.C.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x _____ = _____ **Fee Paid (\$)**
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims - 3 or HP = _____ x _____ = _____ **Fee Paid (\$)**
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Assignment Recordation, Late Oath or Declaration

Fees Paid (\$)
105.00
SUBMITTED BY:

Signature: 	Registration No. (Attorney/Agent) 51,399	Telephone (703) 519-9801
Name (Print/Type) Arlir M. Amado	Date July 29, 2005	

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